

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-020982

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 131

STATE FILE NUMBER

FILED JUN 4 1963

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		Length of stay in 1b. <u>14 yrs.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bethwell Memorial Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>724 W. Cooper</u>	
3. NAME OF DECEASED (Type or print) First <u>Helen</u> Middle <u>Delores</u> Last <u>Carter</u>		4. DATE OF DEATH Month <u>May</u> Day <u>22</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/28/34</u> 9. AGE (last birthday) <u>28 yrs.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurses Aid</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u>	
11a. FATHER'S NAME <u>Booker Bruce</u>		11b. MOTHER'S MAIDEN NAME <u>Daisy Wright</u>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		13. NAME OF HUSBAND OR WIFE <u>Benny Carter</u>	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Homicide by fire arms</u> DUE TO (b) <u>Shock as result of hemorrhage</u> DUE TO (c) <u>Piercing of Carotid Artery</u>		15. INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <u>Shot by husband probably accident</u>	
20c. TIME OF INJURY Hour <u>7:40</u> a.m. Month, Day, Year <u>5-22-63</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20e. CITY, TOWN, OR LOCATION <u>Sedalia</u>	20f. COUNTY <u>Pettis</u>
20g. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20h. CITY, TOWN, OR LOCATION <u>Sedalia</u>	20i. COUNTY <u>Pettis</u>	20j. STATE <u>MO</u>
21. I attended the deceased from <u>5-22-63</u> to <u>5-22-63</u> and last saw her alive on <u>5-22-63</u> Death occurred at <u>Sedalia</u> <u>4:35</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>J. R. Maddox M.D.</u>	
22b. ADDRESS <u>Sedalia</u>		22c. DATE SIGNED <u>5-25-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 27, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crownhill Annex Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Sedalia Mo.</u>
24. FUNERAL DIRECTOR <u>J. Price Alexander</u>	25. DATE RECD. BY LOCAL REG. <u>May 27, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

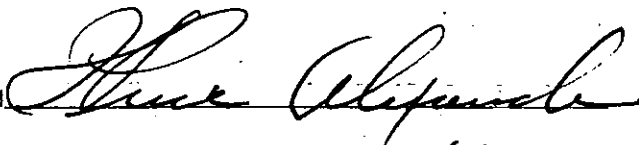
(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No.

4248

P. O. Address

Sedalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.